

Dept. Use Only
ID Number _____
License Number _____

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND ENERGY

Supplier and Retail Agent License Application Pursuant to 220 C.M.R. § 14.00 et seq.

Please submit an original, two copies, and a copy on diskette formatted for WordPerfect or Microsoft Word. Please type or print:

Legal Name of Applicant:

Doing Business As (DBA): _____

Applying for: (Check Only One)

Supplier License _____ Retail Agent License _____

2. Business Address: _____

3. If a corporation, association, or partnership:

(a) organized under the laws of which state: _____

(b) date of organization: _____

(c) Please attach a copy of the articles of incorporation, association, partnership agreement, or other document regarding legal organization.

(d) Please attach a copy of the by-laws.

4. Name, Title and Business Address of all Officers and Directors, Partners, or other similar Officials:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. A statement (with appropriate citation to corporate articles or by-laws or other operative documents) that acting as a Supplier or Retail Agent is not an ultra vires purpose (beyond the scope) of the entity:

6. A summary of any history of bankruptcy, dissolution, merger or acquisition of the entity in the two calendar years immediately preceding application:

7. Name, Title and Toll-Free Telephone Number of Customer Service Department or Contact Person:

8. Name, Title, and Telephone Number of Regulatory Contact Person:

Fax and Internet Address

9. Name and address of Resident Agent for Service of Process in Massachusetts for purposes of G.L. c. 223A, § 3:

10. Provide a clear and concise description of the specific services that are to be provided by the Applicant. Include the types of customers to be served and geographic area in which services are to be provided.

11. Provide a statement that the applicant will comply with the information disclosure regulations (220 C.M.R. 14.05).

12. Provide evidence of financial capability (such as the level of capitalization or corporate parent backing) to provide proposed services.

13. Provide documentation of technical ability to procure and deliver natural gas (such as previous gas resource experience in Massachusetts or as a shipper on interstate pipelines delivering to Massachusetts) or to provide other proposed services.

14. Provide documentation that the Applicant is an approved shipper on the upstream pipelines and underground storage facilities used to serve retail customers in Massachusetts.

15. Provide evidence or documentation of Applicant's attendance at a Supplier training session sponsored by the Massachusetts Local Distribution Companies, as set forth in the Gas Industry EBT Report, as amended from time to time, on file with the Department.

16. Provide a sample Bill demonstrating the Applicant's familiarity with 220 C.M.R. 14.04 (Applies to Applicants that plan to bill Retail Customers in accordance with the passthrough billing option, as set forth in 220 C.M.R. 14.03(6)(c)(1)).

17. Provide a statement whether any director, officer, or other similar official has been convicted of a felony as defined by G.L. c. 274, § 1, or the equivalent law of any other jurisdiction, involving business fraud, or held liable for any antitrust violation pursuant to G.L. c. 93, c. 93A or the equivalent law of any other jurisdiction and whether the applicant business entity has itself been held liable for business fraud or antitrust violation (including the date and place of conviction or verdict, and nature of offense found)

18. Provide adequate documentation establishing that the signatories to this application are authorized so to act on behalf of the Applicant in filing this application (for example, in the case of a corporate applicant, a vote of the board of directors authorizing the signatories to bind the corporation).

DECLARATION

We, _____ (print name and title) and
_____ (print name and title) declare that we have personally
reviewed the above statements and that they are true and correct and complete in all material respects.
We further declare that the information contained in this application was prepared and compiled under
our supervision and control. We further declare that we are authorized by the Applicant to file this
application on its behalf. We acknowledge that we have a positive duty to ascertain the accuracy and
completeness of this application and that we sign this declaration under personal pains and penalties of
perjury, including, but not limited to, those provided by G.L. c. 268, § 6.

Dated this _____ day of _____ 20____ at _____.
(day) (month) (year) (place of execution)

Signature: _____

Title: _____

Signature: _____

Title: _____

NOTARIZATION:

Notarial Seal

Date of Form: November 8, 2000

Mail Application with Fee to:

Mary Cottrell

Secretary

MA Department of Telecommunications & Energy

1 South Station

Boston, MA 02110